Perspectives of Psychotic and Manic Symptoms



Trainer's Guide

COURSE TITLE PAGE

Program: Crisis Intervention Training Perspectives of Psychosis and Mania Block: Accreditation#: NM170753 Course Level: **Advanced Training Prerequisites:** None **Instructional Method:** Lecture, Power Point, Discussion Time Allotted: .5 Hour New Mexico Law Enforcement Basic and Certified Officers; Basic **Target Group:** and Certified Telecommunicators Instructor/Student 1/40 Ratio: Pre-Test/Post-Test, Class discussion **Evaluation Strategy: Required Instructor** Lesson Plan, Power Point, Handouts, Discussion, Materials: **Required Student** Note-taking materials, Student Manual Materials: ☐ General Instructor Professional Lecturer **Suggested Instructor** Specialized Instructor Certification: Master Instructor Diagnostic and statistical manual of mental disorders: DSM-V-TR. (2013). American Psychiatric Association. Boice, R. (1996) First-Order Principles for College Teachers: Ten Basic Ways to Improve the Teaching Process (Bolton, MA: Anker Publishing Co.) Source Creating a Collaborative Learning Environment Guidebook, Center **Document/Bibliography:** for Integration of Research, Teaching, and Learning (University of Wisconsin-Madison).

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COURSE GOAL:

The goal is to help law enforcement become familiar with how it might feel to live with a mental illness. We want students to learn about psychotic and manic symptoms from an "as if it were me," perspective.

LEARNING OBJECTIVE(S):

Upon completion of training, the participant will be able to demonstrate the following measurable learning objectives:

- 1. Be able to relate symptoms of major mental illnesses to their own experience.
- 2. Meet people who have experienced symptoms of serious mental illness.
- 3. They should be able to have an improved ability to answer the following questions ...
 - a. "What might it feel like to have psychotic symptoms?"
 - b. "What are manic symptoms, and how might it feel if I were to experience them?"

Mental Illness: Perspectives of Psychotic and Manic Symptoms (Slide 1)

Mental Illness: Perspectives of Psychotic and Manic Symptoms



- Welcome students and introduce yourself. You may want to include your name on this PowerPoint or write it on a whiteboard or flip chart.
- Remind students of training rules (no phone or computers).
- Let audience know that there will be an approximately 20 minute discussion led by a PowerPoint, and then the students will meet people who are living with mental illness and will give the audience their perspectives.
- Briefly introduce the upcoming speakers by first name and thank them for coming.

Psychosis - Disorganization. (Slide 2)

Psychosis - Disorganization

- · Do you have a messy desk?
- Do you sometimes have a hard time explaining yourself?

- Ask the questions listed on the slide?
- "Do you have a messy desk?"
 - Disorganization is a core feature of schizophrenia. Disorganization is felt by all people, but for people living with severe mental illness, their entire world can become disorganized and chaotic.
 - o Do you sometimes have a hard time explaining yourself?
 - All people from time to time have a hard time getting their point across.
 Miscommunication is commonplace, but for people living with mental illness this state of confusion and difficulty communicating can become the norm.
 - Disorganization can be in both thinking and behavior.
 - Optional examples of disorganized behaviors:
 - A messy desk, with stacks of paper proving to your boss you're working.
 - Stacks of papers that prove a conspiracy.
 - Optional examples of disorganized thinking:
 - Having trouble finding the right words to express a thought.
 - Using odd phrases to explain yourself.
 - Making sense to yourself, but other people don't seem to follow you.

Psychosis - Delusions. (Slide 3)

Psychosis - Delusions

- Do you ever feel like people are taking advantage of you? Like a car salesmen?
- Do you ever overestimate your abilities?
 Maybe badly?
- · Are you superstitious?
- · Do you believe in ghosts?
- Ask the questions listed on the slide and lead a discussion:
- Do you ever feel like people are taking advantage of you? Like a car salesmen?
 - Most people feel paranoid when dealing with salesmen. Are they telling me the truth?
 They don't care about me, they just want something from me.
 - People who are paranoid may feel as if the entire world is full of people concealing key information and trying to take advantage of them.
- Do you ever overestimate your abilities? Maybe badly?
 - It is normal to overestimate what we're able to do, but it doesn't become psychotic until it's very far from cultural norms, but the feeling of overvaluing abilities is the same whether it's psychotic or just overrating your personal abilities.
 - People who are psychotic sometimes have grandiose delusions and believe they have special powers, such as reading minds or predicting the future.
- Are you superstitious? Do you believe in ghosts?
 - The only difference between psychosis and the belief in ghosts and superstition is that the latter are culturally acceptable and don't cause serious impairment.

Psychosis - Delusions. (Slide 4)

Psychosis - Delusions

- Do you feel like you know what's best and other people should learn from you?
- Lack of insight is a human condition, it's not even a little bit exclusive to people living with mental illnesses.
- Continue to ask guestions and lead the discussion
- · Do you feel like you know what's best and other people should learn from you?
 - When you have a discussion or an argument, and you're sure your right about something, you want other people to agree with you and do as you suggests. This feeling of being right, that's the same feeling people with psychotic beliefs feel – they simply know they are right.
- Lack of insight is a human condition; it's not even a little bit exclusive to people living with mental illnesses.
- · Optional examples of lack of insight:
 - Talent shows, people who overestimate their abilities: singers on talent shows, people who believe they can make the PGA (when facts contradict this belief.)
 - A gym consultant asked surveyed their gym members and asked them how often they
 actually went to the gym. The typical answer was, "Five times a week." But according to
 the scan cards that gyms use, the numbers was closer to 2 3 times a week.

Psychosis - Lack of Insight. (Slide 5)

Psychosis - Lack of Insight

- Have you ever said, "I'm fine, I don't need to go to the doctor."
- Do you refuse or procrastinate going to the doctor?
- Do you tell yourself you're fine even if there's limited evidence that you're fine: You have no lab results, you may not even know your blood pressure.
- Continue to ask the questions and guide the discussion.
- Have you ever said, "I'm fine, I don't need to go to the doctor."
 - It seems that most people have made a statement similar to this one. People can be very bad at estimating their health.
 - This lack of insight is true for "normal" people, and it is true for people living with mental illnesses as well.
- Do you refuse or procrastinate going to the doctor?
- Do you tell yourself you're fine even if there's limited evidence that you're fine: You have no lab results, you may not even know your blood pressure.
- Holding an incorrect belief despite evidence is a fixed false belief, which is a definition of a
 delusion. Believing "you're fine" despite not having any objective evidence is the first step
 towards a delusion.

Psychosis – Hallucinations. (Slide 6)

Psychosis - Hallucinations

- Ever been alone and hear your name called an no one is around? Maybe it's the wind?
- Have you ever heard from or believed you communicated with a loved one not around?
- · Have you ever seen evidence of a ghost?
- Ask questions and continue to lead the discussion
- Ever been alone and hear your name called an no one is around? Maybe it's the wind?
 - More than half of people report having had at least one auditory hallucination in their life, hearing something when there's no source for the noise. Common examples are: hearing a loved one's voice after they've died, hearing voices and music as you fall asleep or while waking up (not while dreaming).
- Have you ever heard from or believed you communicated with a loved one not around?
 - This is a very common belief and is culturally normal.
- Have you ever seen evidence of a ghost?
- Optional Discussion: Ask audience to give a story of how they made contact with a ghost in some way. In an audience greater than 6 people, the odds are very good that someone will have a ghost story.

Psychosis - Withdrawal. (Slide 7)

Psychosis – Withdrawal from the world

 Do you ever feel like doing nothing? Seeing no one? Being left alone in your own filth?

- Do you ever feel like doing nothing? Seeing no one? Being left alone in your own filth?
- Withdrawal is a common symptom of schizophrenia. In fact, schizophrenia doesn't require hallucinations and delusions, one can be schizophrenic and be disorganized and withdrawn.
- These symptoms are seen in stereotypical portraits of homeless people who are living with schizophrenia – long beard, unkempt, not bathing, not talking with other people. These are the homeless people who the other homeless people don't want to hang out with.

Psychosis - Psychosis. (Slide 8)

Psychosis

- Schizophrenia:
 - Disorganized thinking.
 - Disorganized behavior.
 - Withdrawal.
 - Hallucinations.
 - Delusions.





- Recap symptoms of Schizophrenia as they relate to the discussion:
 - Disorganized thinking.
 - Disorganized behavior.
 - Withdrawal.
 - Hallucinations.
 - Delusions

Psychosis - Bipolar. (Slide 9)

Bipolar

- Have you ever felt fantastic, ecstatic, like you were "on top of the world?"
 - Can you imagine sustaining that feeling for two weeks?
- Can you imagine what it would be like to win the lottery?
 - How would you act?
 - What would you say?
- Ask questions on slide and have a discussion about mania associated with bipolar affective disorder
- Have you ever felt fantastic, ecstatic, like you were "on top of the world?"
 - Can you imagine sustaining that feeling for two weeks?
- Can you imagine what it would be like to win the lottery?
 - How would you act?
 - What would you say?
 - Optional exercise. Ask the audience to rate their mood over the last two weeks on a scale from 1 10, with one being the worst they could possibly imagine feeling, on the edge of wanting to die, and ten being the opposite, the best they could ever imagine feeling. Most people rate their moods between 6 8. For people who win the lottery, their mood goes up to about nine or ten, but doesn't stay there for long. It returns to baseline. People with mania feel like they've won the lottery, and may even spend money as if they have, but their good mood doesn't simply "go back to normal" as would be expected.

Psychosis - Question. (Slide 10)

Questions?

- Briefly answer any questions.
- Introduce the speakers who have volunteered.

Meeting people who are living with a mental illness.

The speakers have already been selected and told to arrive on time, which is 10 minutes before the lecture starts. They have also been instructed to follow the lead of the moderator, and to keep within time limits. The participants know that they should only participate when they are feeling well enough to participate in what can be a very emotionally difficult process.

The participants are advised to have a five-minute story that relays their state of mind living with mental illness. They are also guided to keep stories relevant to law enforcement, and to keep them positive.

The instructor and the volunteers should ideally be very familiar and friendly with each other to set an atmosphere of cordial professionalism, showing the audience that these volunteers are colleagues.

The instructor's main goals during the discussion:

- Keep the atmosphere friendly and light, while still maintaining professionalism.
- Try to stay in the background and let the audience and the speakers do all the talking. Talk only if there's a dead space or if things veer too far off track.
- Keep discussion on time.
- Make people feel comfortable with the speakers.
- Encourage people's interests so that any unanswered questions can be addressed after the class is over.
- Encourage people to take a moment after the class to thank the speakers in person.
- Encourage the audience to speak with the volunteers after the class. (Class should end a bit early to allow time for interaction.)

To identify speakers, see ... "How to find peers to assist with training," attached below.

You will now moderate a discussion between the guest speakers and your audience.

Follow these steps and guidelines:

1. Introduce the discussion.

- a. Say something similar to, "I am now going to help lead a discussion between you and our brave volunteers. Each of these folks has offered to share their story with you to help you better understand what it may feel like to live with a mental illness. I also want them to focus their personal stories around positive interactions with law enforcement that they have had."
- b. You must thank the participants!

2. Introductions.

- a. Keep initial introductions very brief, assuring each participant they will have time to tell their story.
- b. "Please, each of you just give us your names and a three words to describe yourself.
- 3. **Telling their story.** Ask participants, "Now please tell us a bit about your story, especially as it may pertain to law enforcement."
 - a. Give each speaker a predetermined amount of time based on number of participants.
 - b. If one speaker is clearly going passed their time, gently interrupt (paraphrasing is a good technique here), tell them that we want everyone to get a chance to speak and that time for questions is essential.
- 4. **Audience questions**. After each person has told a brief story, ask for questions from the audience. If none are available, you or you colleagues should ask questions.
- 5. **Post class discussion**. Before ending the session, make sure there is time between classes for people to approach and talk to the guests. They should be encouraged to talk about anything at all, it is important simply to thank them for coming and let them know that they're appreciated.
- Stay around and try to facilitate people talking with the guests. Act as a host to strike up conversations between the guests and the students.

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